

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

10

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		240493.94
(b) Cash on Hand at Beginning of Reporting Period .....	262691.73	
(c) Total Receipts (from Line 19) .....	48000.00	567950.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	310691.73	808443.94
7. Total Disbursements (from Line 31) .....	45719.94	543472.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	264971.79	264971.79
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 9 0 1 2 0 0 7

To:

M M D D Y Y W Y  
0 9 3 0 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14000.00	51950.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	14000.00	51950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	29000.00	501000.00
(c) Other Political Committees (such as PACs) .....	43000.00	552950.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5000.00	5000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48000.00	567950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48000.00	567950.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		19719.94	251813.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		19719.94	251813.08
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		26000.00	291359.07
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	300.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		45719.94	543472.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		45719.94	543472.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	43000.00	552950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43000.00	552950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19719.94	251813.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19719.94	251813.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** American Airlines PAC

Mailing Address 1101 17th St NW  
Suite 600

City State Zip Code  
Washington DC 20036-4718

FEC ID number of contributing  
federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71016.C608

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** American Airlines PAC

Mailing Address 1101 17th St NW  
Suite 600

City State Zip Code  
Washington DC 20036-4718

FEC ID number of contributing  
federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71016.C607

Amount of Each Receipt this Period

1500.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** BASF Corporation Employees PAC

Mailing Address 601 13th St NW  
Suite 200

City State Zip Code  
Washington DC 20005-3807

FEC ID number of contributing  
federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71016.C611

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Clear Channel Communications PAC

Mailing Address 1401 I St NW Ste 401  
Suite 401

City State Zip Code  
Washington DC 20005-6505

FEC ID number of contributing  
federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71016.C613

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)

Dairy Farmers of America, Inc. DEPAC

Mailing Address 10220 NW Ambassador Dr

City State Zip Code  
Kansas City MO 64153-2312

FEC ID number of contributing  
federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71016.C610

Amount of Each Receipt this Period

2500.00

Receipt

C. Full Name (Last, First, Middle Initial)

Exelon PAC

Mailing Address PO Box 805379

City State Zip Code  
Chicago IL 60680-4115

FEC ID number of contributing  
federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: 71016.C605

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
Independent Community Bankers PAC

Mailing Address 1 Thomas Circle NW  
Suite 400

City State Zip Code  
Washington DC 20005-5807

FEC ID number of contributing  
federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 70917.C602

Amount of Each Receipt this Period

2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Prudential Financial Inc. PAC

Mailing Address 1140 Connecticut Ave NW  
Suite 510

City State Zip Code  
Washington DC 20036-4013

FEC ID number of contributing  
federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: 71016.C606

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Sonnenschein PAC

Mailing Address 1301 K St NW  
Suite 600, East Tower

City State Zip Code  
Washington DC 20005-3307

FEC ID number of contributing  
federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 7

Transaction ID: 70917.C604

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

29000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Marshall Brachman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 444 Carbery PI NE		<b>Transaction ID:</b> 71016.C612
City Washington	State DC	Zip Code 20002-4976
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Lobbyist	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kirsten Chadwick		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 312 Cloverway Dr		<b>Transaction ID:</b> 70917.C603
City Alexandria	State VA	Zip Code 22314-4841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fierce Isakowitz & Blalock	Occupation Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Debra Hohlt		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7
Mailing Address 7901 Kent Rd		<b>Transaction ID:</b> 70917.C600
City Alexandria	State VA	Zip Code 22308-1328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer AM Council Political Leaders	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)

Richard Hohlt

Mailing Address 7901 Kent Rd

City State Zip Code  
 Alexandria VA 22308-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hohlt & Associates

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 70917.C599

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Kenneth Kies

Mailing Address 6109 Franklin Park Rd

City State Zip Code  
 Mc Lean VA 22101-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark Consulting

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 70917.C601

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

14000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
Pryce for Congress

Mailing Address 211 S 5th St

City State Zip Code  
Columbus OH 43215-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71016.C609

Amount of Each Receipt this Period

5000.00

Other Receipt

NOTE: Return of Contribu-  
tion

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70917.E1044</b> Date of Disbursement 09 / 07 / 2007 Amount of Each Disbursement this Period 20.63 PAC SHIPPING EXPENSE
<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70917.E1048</b> Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 37.70 PAC SHIPPING EXPENSE
<b>C. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70917.E1026</b> Date of Disbursement 09 / 07 / 2007 Amount of Each Disbursement this Period 2754.69 CREDIT CARD CHARGES: SEE BELOW
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>2813.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Sonoma

Mailing Address 223 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1107

Purpose of Disbursement  
PAC FUNDRAISING LUNCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1028

Date of Disbursement

/

Amount of Each Disbursement this Period

56.20

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING LUN-  
CH

Full Name (Last, First, Middle Initial)

**B.** Johnnys Half Shell

Mailing Address 400 N Capitol St NW

City  
Washington

State  
DC

Zip Code  
20001-1511

Purpose of Disbursement  
PAC FUNDRAISING DINNER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1027

Date of Disbursement

/

Amount of Each Disbursement this Period

2116.15

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING DIN-  
NER

Full Name (Last, First, Middle Initial)

**C.** Northwest Airlines

Mailing Address 5101 Northwest Drive

City  
Saint Paul

State  
MN

Zip Code  
55121-

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1030

Date of Disbursement

/

Amount of Each Disbursement this Period

105.89

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Visa

Mailing Address PO Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1035

Date of Disbursement

/   /

Amount of Each Disbursement this Period

245.92

CREDIT CARD CHARGES: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**B.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City  
Los Angeles

State  
CA

Zip Code  
90066-7020

Purpose of Disbursement  
PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.98

**[MEMO ITEM]**  
MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

**C.** Visa

Mailing Address PO Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

177.31

CREDIT CARD CHARGES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

423.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. The Homestead**

Mailing Address 1766 Homestead Drive

City  
Hot Springs

State  
VA

Zip Code  
24445-

Purpose of Disbursement  
PAC LODGING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1042

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.41

**[MEMO ITEM]**

MEMO: PAC LODGING EXPENSE

Full Name (Last, First, Middle Initial)

## **B. GMD Technologies**

Mailing Address 3210 S 28th St  
Apt 302

City  
Alexandria

State  
VA

Zip Code  
22302-1326

Purpose of Disbursement  
PAC TECHNOLOGY EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

653.87

PAC TECHNOLOGY EXPENSE

Full Name (Last, First, Middle Initial)

## **C. GMD Technologies**

Mailing Address 3210 S 28th St  
Apt 302

City  
Alexandria

State  
VA

Zip Code  
22302-1326

Purpose of Disbursement  
PAC TECHNOLOGY EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1092

Date of Disbursement

/   /

Amount of Each Disbursement this Period

734.27

PAC TECHNOLOGY EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

1388.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Thompson Communications

Mailing Address P.O. Box 5

City  
Marshfield

State  
MO

Zip Code  
65706-0005

Purpose of Disbursement  
PAC STAFFING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1090

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11226.71

PAC STAFFING SERVICES

Full Name (Last, First, Middle Initial)

**B.** Washington Courier

Mailing Address 5520 Cherokee Ave  
Suite 120

City  
Alexandria

State  
VA

Zip Code  
22312-2319

Purpose of Disbursement  
PAC COURIER EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1049

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.91

PAC COURIER EXPENSE

Full Name (Last, First, Middle Initial)

**C.** Roy Blunt

Mailing Address PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805-0100

Purpose of Disbursement  
PAC TRAVEL REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.00

PAC TRAVEL REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

11271.62

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Professional Data Services, Inc.

Mailing Address 337 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605-1083

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1046

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	7

Amount of Each Disbursement this Period

1500.00

COMPLIANCE CONSULTING

Full Name (Last, First, Middle Initial)

**B.** Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC TELEPHONE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1093

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Amount of Each Disbursement this Period

100.45

PAC TELEPHONE

Full Name (Last, First, Middle Initial)

**C.** Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC OFFICE RENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1091

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	7

Amount of Each Disbursement this Period

2223.48

PAC OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) .....

3823.93

TOTAL This Period (last page this line number only) .....

19719.94

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Lamborn for Congress

Mailing Address 5170 N Union Blvd

City  
Colorado Springs

State  
CO

Zip Code  
80918-2045

Purpose of Disbursement

Candidate Name  
DOUGLAS L LAMBORN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 05

Transaction ID: 71016.E1060

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Jeff Fortenberry for Congress

Mailing Address 1610 N St

City  
Lincoln

State  
NE

Zip Code  
68508-1817

Purpose of Disbursement

Candidate Name  
JEFF FORTENBERRY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 1

Transaction ID: 71016.E1059

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Goddard for Congress

Mailing Address PO Box 9460

City  
Warner Robins

State  
GA

Zip Code  
31095-9460

Purpose of Disbursement  
RICK GODDARD HOUSE GA08

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70917.E1045

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

RICK GODDARD HOUSE GA08

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress		<b>Transaction ID:</b> 71016.E1089 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 7</div> </div>
Mailing Address PO Box 3917		Amount of Each Disbursement this Period <div>1000.00</div>
City La Mesa State CA Zip Code 91944-3917		
Purpose of Disbursement DUNCAN HUNTER HOUSE CA52	<div>Category/Type</div>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	DUNCAN HUNTER HOUSE CA52	
<b>B.</b> Full Name (Last, First, Middle Initial) Ohio 05 Congressional Victory Committee		<b>Transaction ID:</b> 71016.E1057 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 7</div> </div>
Mailing Address PO Box 40366		Amount of Each Disbursement this Period <div>5000.00</div>
City Washington State DC Zip Code 20016-0366		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Special Primary		
<b>C.</b> Full Name (Last, First, Middle Initial) People with Hart		<b>Transaction ID:</b> 71016.E1056 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 7</div> </div>
Mailing Address PO Box 435		Amount of Each Disbursement this Period <div>2500.00</div>
City Wexford State PA Zip Code 15090-0435		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name MELISSA A. HART Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04		

**SUBTOTAL** of Disbursements This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. People with Hart**

Mailing Address PO Box 435

City  
Wexford

State  
PA

Zip Code  
15090-0435

Purpose of Disbursement

Candidate Name  
MELISSA A. HART

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 70917.E1018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Responsibility & Freedom Work PAC**

Mailing Address PO Box 1281

City  
Tupelo

State  
MS

Zip Code  
38802-1281

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1058

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

26000.00